

## PET SCAN INFORMATION

PATIENT NAME		PIC NUMBER (AB-1234567-SMITH-A)	
CPT CODE for Requested PET Scan			
ICD 9 Code (with Diagnosis)			
1)	Diagnosis		
2)	Diagnosis		
3)	Diagnosis		
Does Medicare cover PET Scan for this diagnosis? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Indications for PET Scan			
Sensitivity and specificity of PET Scan in this setting			
Indications why other imaging will not work			
Other studies/tests already done and results			
How will PET Scan results change the course of treatment?			
Provider's Medicaid Number (7 digits)			
FACILITY NAME	DOCTOR'S NAME		
CONTACT PERSON	TELEPHONE NUMBER	FAX NUMBER	
STREET ADDRESS	CITY	STATE	ZIP CODE

Please send or fax to:

Medical Assistance Administration  
 Provider Request/Client Notification Unit  
 PO Box 45506, Olympia WA 98504-5506  
 Telephone (360) 725-1584  
 Fax (360) 586-1471